The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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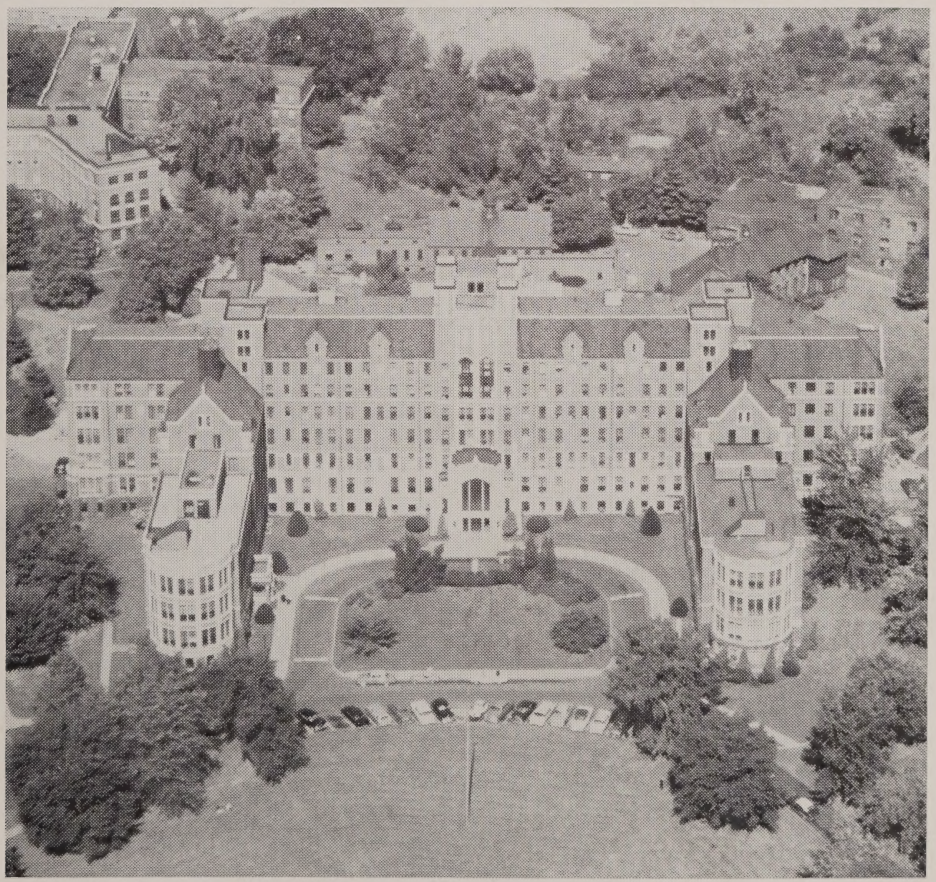

SPRINGFIELD HOSPITAL

(For new addition, see page 16)

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

Published monthly except July and August.
This Issue 650 Copies.

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A NEW EXPERIMENT

A very unique and unusual meeting took place at the Oaks Inn on Wednesday, January 15, 1958.

On that evening the Board of Editors of the Hippocrat played host to the Councilors of Hampden District Medical Society. The purpose of this joint meeting, as explained by Editor-Emeritus Dr. Bagg, was to see if the two groups might not enhance their usefulness to the Society by "breaking bread and talking things over."

Following a fine roast beef dinner, appropriate remarks were heard from President Johnson and Vice-president Reilly. The meeting then got under way with practically everybody participating in the discussion. Most of the time was devoted to a consideration of the following three problems:

1. **Should the Hippocrat become more controversial?**

Nobody has accused the Hippocrat of being tame or spineless, but there are those who have criticized it for not being controversial enough, or rather for not being as controversial as some other Society Bulletins. These members apparently would prefer to see the Hippocrat more contentious if not more belligerent. The majority of the gathering, however, felt differently. They could find no valid reason for encouraging controversy for the sake of controversy, and expressed confidence in the Hippocrat's present-day course and policy.

2. **Should the Hippocrat accept for publication unsigned communications?**

Items for publication are submitted occasionally with the request to withhold the name of the contributor. These the editors must reject, often regretfully, because of a rather long-standing District Society ruling. Opinions varied widely on this point, with the "signature" group winning out by a small margin. The Hippocrat being an official publication of the Society, the fear was expressed that unsigned items might be interpreted as the official opinion of the District Society rather than that of the writer.

(over)

Address Business Correspondence to:

John E. Leary, M. D.
302 Sumner Avenue
Springfield 8, Mass.
Telephone: RE 4-3381

3. **How can the Hippocrat and the Councilors jointly serve the Society best?**

Hippocrat-Councilor meetings of this type, it was felt, may well serve to add to the knowledge and orientation of both groups, for the ultimate good of the Society as a whole. Many of those present felt that the get-together was well worthwhile, and some even went as far as to suggest that it become an annual event. The final action of the joint meeting was to suggest that a "Councilor's Column" be established in the Hippocrat. This would allow the Councilors to express their opinions, impressions and suggestions, all, again, for the good of the Society.

Attendance was excellent and the spirit of good fellowship prevailed.

M.

CLINICAL AND PERSONAL

Academy

Speaker at the March 11 meeting of the Springfield Academy of Medicine will be Arthur L. Watkins, M. D. of the Massachusetts General Hospital. His topic will be "Problems in Physical Medicine and Rehabilitation". The pre-meeting clinic that afternoon will be held at the Mercy Hospital, 5 P.M.

Springfield Hospital

Physicians are invited to attend the Quarterly Staff Meeting of the Springfield Hospital, March 8, 10:00 A.M. The Anesthesia Service will present the following program:

"Death Under Anesthesia"
Dr. Harry L. Strachan

"Hypothermia in Anesthesia"
Dr. Edmund F. Rewinski

"Cardiac Output During Anesthesia"
Dr. Franco Dinale

"Monitoring of the Anesthetized Patient" Dr. Carroll Bryant

Film: "Hypothermic Anesthesia"

NEW MEMBER

Henry W. Polchlopek, M. D.

Place and Date of Birth:
Chicopee, Mass., 15 November, 1923

Home Address:
434 Springfield Street, Chicopee, Mass.

Office Address:
411 Broadway, Chicopee Falls, Mass.

Internship:
The Springfield Hospital

Previous Practice:
Boston City Hospital, 3 years

Specialty:
Internal Medicine

The American Congress of Physical Medicine and Rehabilitation

The 36th annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held August 24-29, 1958 inclusive, at The Bellevue Stratford Hotel, Philadelphia.

Scientific and clinical sessions will be given August 25, 26, 27, 28, and 29. All sessions will be open to members of the medical profession in good standing with the American Medical Association.

Full information may be obtained by writing to the Executive Secretary, Dorothea C. Augustin, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

ATTENTION COMMITTEE CHAIRMEN!

In order to shorten the coming Annual Meeting the Executive Committee recently voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only two requirements are; (1) that the report not exceed the maximum of 300 words, and (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 22.

Reports containing "recommendations" will still have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will report instead to their respective Parent Committees.

Your co-operation is urgently requested.

Allen G. Rice, Secretary

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MSD

COUNTY MEDICAL SOCIETIES CIVIL DEFENSE CONFERENCE

By George A. Vassos, Jr., M. D., Chief Medical Officer
Springleld Civil Defense Agency

The Eighth County Medical Societies Civil Defense Conference, sponsored by the A.M.A. Council on National Defense, was held in Chicago on November 9-10. Registration was the largest of any previous conference. There were 155 registered from 35 states and Canada.

Congresswoman Martha W. Griffiths, of Michigan, in reporting on national civil defense legislation, stressed the need for strenghtening the present civil defense law. She called for a new federal civil defense chief with cabinet rank and greater federal leadership and participation in civil defense affairs.

Additional reports were given on such subjects as general preparedness planning, hospital operational preparedness, and radiological aspects of radiation. A portion of the program was devoted to work-shop sessions, to discuss operational aspects and planning for specific disaster situations.

Forty-five American medical schools are now participating in a special program dealing with the problems of military and disaster medicine.

The program, Medical Education for National Defense (MEND), was started in 1952 with five pilot schools. It has steadily expanded and now includes more than 14,000 medical students in 45 schools. The program has had a far more enthusiastic reception in the medical schools than was expected.

It allows for long-time medical treatment for millions of casualties in addition to providing medical care for the normal number of sick among the survivors of any enemy attack. Such care would be provided for a period as long as one year, as contrasted to previous planning which called for a period of only about three weeks.

The new program was developed by a ten-member medical task-force committee which drew up a system of emergency medical care, as follows:

(1) **Emergency Treatment Stations:** These would be concerned with first aid and emergency surgery limited to arresting major hemorrhages, dressing wounds, splinting fractures and performing similar lifesaving techniques.

(2) **Civil Defense Emergency Hospitals:** Complete with X-ray and operating room equipment, portable generators, 200 cots and medical supplies, emergency hospitals are stored in strategically-located sites around the nation. In an emergency the hospitals would be set up in outlying schools, churches and other buildings.

The importance of testing hospital and community disaster plans by "dry runs" was stressed frequently by various speakers. It has been shown by various communities that such exercises not only help doctors and nurses know duties assigned them for disaster operations, but also foster enthusiasm among the local citizens in disaster planning.

The one thing a county medical society could do is to interest its members in obtaining and staffing a 200 bed mobile hospital unit. The FCDA is pre-positioning such units which may be obtained on request.

Hampden District, like all other District Societies, should take an active interest in disaster planning and keep informed of current problems.

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CORRESPONDENCE

The Junior Workshop

Dear Hippocrat:

The Junior League of Springfield, Mass., Inc. wishes to call attention to the pre-school workshop which it operates in the Parish House of Faith Congregational Church. Known as the Junior Workshop, the school is open to all physically handicapped children of normal intelligence between 4 and 6 years regardless of race, creed, or ability to pay.

The Workshop is the result of a comprehensive survey which indicated a community need for a school that would prepare such children for entrance into elementary school. It has a total enrollment of 12 children divided by age into nursery and kindergarten groups. Financed by the Junior League, the Workshop is governed by an independent board composed of community leaders from health, education and business fields. Staffed by a professional director and a corps of 10 trained League volunteers, the school is now in its third year. Particularly rewarding is the fact that its "graduates" have all made successful adjustments to their new schools.

It is hoped that physicians in the greater Springfield area will wish to call the Workshop to the attention of the parents of qualified handicapped children. Anyone interested in admissions information should contact Dr. Garry deN. Hough, III, admissions director, or Mrs. Jonathan Birnie, 37 South Main Street, East Longmeadow.

Hazel H. Richards, M. D.

Compliments

Albert J. Rypysc

Springfield

Social Security

Dear Hippocrat:

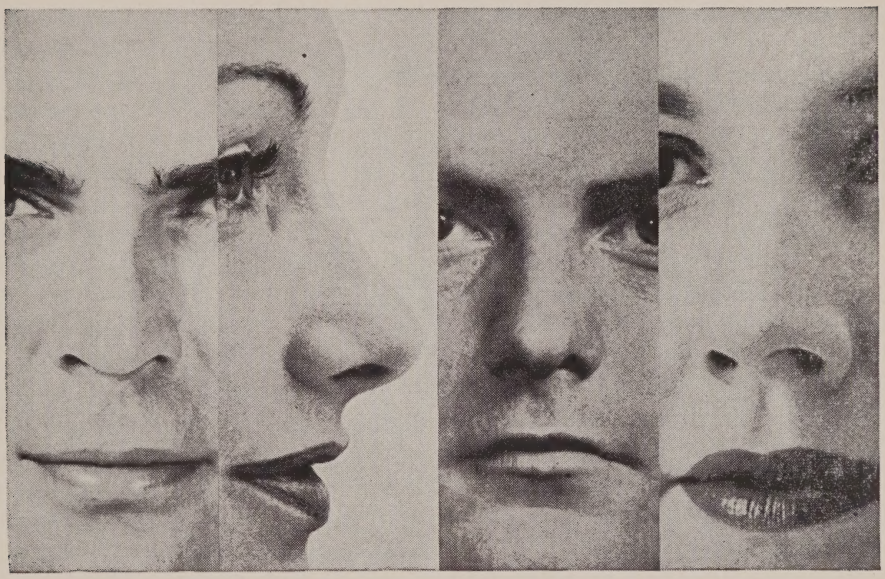
We had a little get-together last Saturday night and friends A & B discussed Social Security for physicians. Friend A is 53, has a thriving practice and a strong insurance and investment program. Physician B is 34, 2 years in practice, and has several small children.

Says friend A, "I am opposed to Social Security. The way I see it, it will simply mean more money going out for a dubious return later on. In the first place, I have planned for my future on my own, and I don't want any help from the Government. Furthermore, I doubt very much that I will be retiring at age 65. I'm sure I will be working for a few years beyond that, at least at half speed. They tell me that this thing isn't very sound from an actuarial standpoint, and that they ran in the red this year. As far as I can see, that will only get worse instead of better. The way they are expanding this thing—paying disabled people at age 50, paying women at age 62, and paying who knows whom or what next year—where is it going to stop? Besides that, it is a socialistic scheme. If the medical profession goes along with it, we have no right to argue against extension of it, even if it goes as far as socialized medicine later on. The AMA has been against it right from the start, and I think their position has been a sound one."

I got friend B aside a bit later on during the evening and asked him how he felt. "At this stage of the game, Social Security offers me a tremendous amount. It is fantastically cheap term insurance. If I were to die now, my wife would get $200 a month for 15 years, and then $160 a month for two more years until the youngest is 18.

(continued on page 8)

knocks the "stuffing" out of congested noses



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The disability benefits make it a pretty good health and accident insurance for me after I'm 50, and I like the retirement benefits, too. Maybe I'll be set financially at age 65, but from what I have read, the average doctor doesn't leave an awful lot of money behind him and doesn't usually have a really good retirement program. Besides, I can collect on the months I don't work if I want to take 2 or 3 months a year off after 65. It is the philosophical arguments that interest me most, however. If everyone in the country is covered by this, then I think it is an 'ostrich in the sand' attitude for the medical profession to shy away from it. Whether we get into it or not won't make the slightest bit of difference as to how it develops later on. By the way, didn't that meeting held at the Springfield Municipal Hospital last year result in a vote by our County Society in favor of Social Security for physicians?"

And so it goes, you pay your money and you take your choice. In case of Social Security, however, it is going to be all or none, and regardless of which way it goes, a considerable portion of the medical profession is going to be dissatisfied. I would be especially interested myself in getting a speaker from the AMA at a District meeting to give us the dope on some of the specific problems regarding Social Security. The one that most interests me is the business of Social Security taking over all hospital expenses of those people over 65 collecting benefits. I understand they are going to try to work that into the laws next year. That really sounds like an opening wedge. R. J. Maher, M. D.

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ASIAN FLU: FINIS?

It has been estimated that during the months of September, October, and November of 1957, there occurred between 15,000,000 to 20,000,000 cases of Asian influenza in the United States. However, since Thanksgiving the incidence of this infection has declined tremendously, and it can be safely said that the "first wave" of high prevalence is a matter of history. But what of the future? Will there be a "second wave" late this winter or early spring as during the 1918-1919 episode?

All that can be said about a "second wave" is strictly a matter of conjecture. There always seems to be an increase in the incidence of air-born infectious diseases during late winter and early spring months. Therefore, why shouldn't the incidence of Asian influenza also increase!

"Second waves" have already manifested themselves, particularly, in Japan and several isolated areas in this country during December of 1957. Japan had its "first wave" last May and June. Now a "second wave" is being experienced with a relatively high incidence in those areas which had a low incidence during the "first wave." The disease is still relatively mild with a low mortality rate and no unusual clinical features. Similarly, in this country a small "second wave" has occurred in an institution in California which had an epidemic in August. Recently, three counties in Arizona had an increase in influenza-like cases, and Louisiana reported a number of new school outbreaks in October.

On the basis of the above, one might say that there will be an increase in the incidence of Asian influenza in our locale sometime late this winter or early spring. However, the number of cases will be relatively much less than last fall, and the virulence of the infection will probably be no greater.

There are ample supplies of the monovalent vaccine specific to the Asian strain available. Production has virtually halted due to the decline in public demand during December. About 54,000,000 c.c. of monovalent vaccine had been produced through December 10 with inventories on that date amounting to 22,000,000 to 25,000,000 c.c. Shortly a polyvalent vaccine incorporating the Asian strain with others is going into production.

The Public Health Service continues to urge vaccination and points out that protection is particularly important to the chronically ill, the aged, and pregnant women. The 400 CCA Asian strain influenza vaccine is being recommended over the earlier 200 CCA vaccine. A single 1.0 c.c. dose injected subcutaneously is the recommended dose for adults who have previously not been inoculated; for young children, two intradermal injections of 0.1 c.c. at an interval of a week. For those who received inoculations previously, a second vaccination is recommended.

Ayers

COMPLIMENTS

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WORLD HEALTH AND THE ATOM

So confusing have been the reports from many lands on atomic power, that a Study Group was formed in Geneva last year by the World Health Organization. The findings showed that in general irrational fears far more often than irrational hopes resulted from the use of atomic energy in the awesome treatment of such diseases as tuberculosis and cancer. But particularly in its use as a weapon have deep fears been implanted in some and a sense of guilt in other individuals. The example of Promethus was cited by some for the terrible punishment he earned by his theft of fire from the gods. Others pointed to Pandora who released forces that she could not control. The Egyptians came to bat in this crisis with the appropriate word: "When man learns what moves the stars, the Sphynx will laugh and life will be destroyed."

To stem the spreading tide of distrust and mystification, medical men and women especially must apply themselves, for theirs is the responsibility to orientate the coming generation through education and example. The Survey Group believes that in this way our sons and daughters of tomorrow will be enabled to establish the "culture of change" without upheaval. The children must learn to face insecurity with candor, "free from anxiety and hate and produce in themselves self reliance and a sense of responsibility towards others." They suggest that immediate need calls for education of those who are active in public life such as doctors, the clergy, teachers and the authorities not only in the facts themselves, but in the mental health requirements that can implement them.

Small teams are recommended for local teaching consisting of a psychiatrist, a psychologist, a sociologist and a journalist, perhaps by way of balance wheel. Some of us might dislike going back—or better, forward to the study of physics and of psychic traumata, but what an infinitessimal penance that would be compared to the agonies which Promethus endured while the vulture tore at his liver, or the victims of the first atom fissioning at Hiroshima!

E. P. B.

THE FORAND BILL

(Hot, Cold and Lukewarm)

The Forand Bill (H.R. 9467) seems to be attracting considerable attention throughout the country. The American Hospital Association has come out against it but its opposition is only lukewarm saying that if voluntary methods do not take care of the problem of the aged then Federal intervention is necessary. Its opposition to the bill is based on three points: 1. Eligibility for benefits is not based on income status but only on age; 2. the bill makes possible care for other than health reasons; and 3. it provides inadequate safeguards against government interference in operation of hospitals.

A more definite stand against the Forand Bill is taken by the National Association of Manufacturers. Mr. E. S. Willis, vice-president of the General Electric Co. and a representative of the National Association of Manufacturers to the American Hospital Association, has issued a warning to the Boards of Directors of Hospitals. In his message to them he states that: 1. The deficit incurred by hospitals because of older people not paying their bills is too small to warrant such drastic action; 2. Many retired persons have savings or other assets which were built up for

emergencies of this type. 3. Many industries have pension plans which help to pay medical expenses of retired employees. 4. Many families are able to care for parents or relatives in time of emergency, and it would certainly seem undesirable to discourage people from providing for their own families.

He also quotes some statistics to show that the population over 65 is only 9% of the total. Of these 70% have no debts and 44% have assets over $1000. Nearly 2/3 own their own homes and 1/6 earn over $4000 a year.

Further he states that this bill is "only the nose of the camel". That it would soon be extended to age 50 where Social Security Benefits now begin for the disabled.

A great deal of pressure for this Bill will undoubtedly come from labor unions. Walter Reuther is quoted as saying: "I think it can be fairly said that while medical societies may have entered prepayment reluctantly in order to avert government medicine, labor entered voluntary health insurance reluctantly because a government program was not available".

We see then that this bill has strong backing from labor, lukewarm opposition from the American Hospital Association, and stronger opposition from the National Association of Manufacturers who see in it an approach to socialism. Therefore it is up to us to carry the ball if this bill is not to exert its disrupting and pernicious influence on our profession.

Miller

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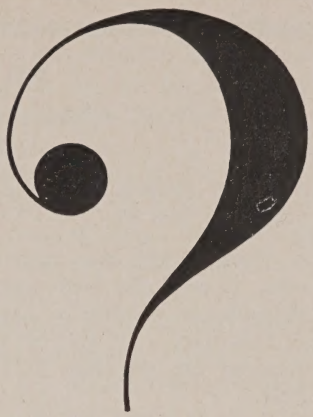

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In Memoriam

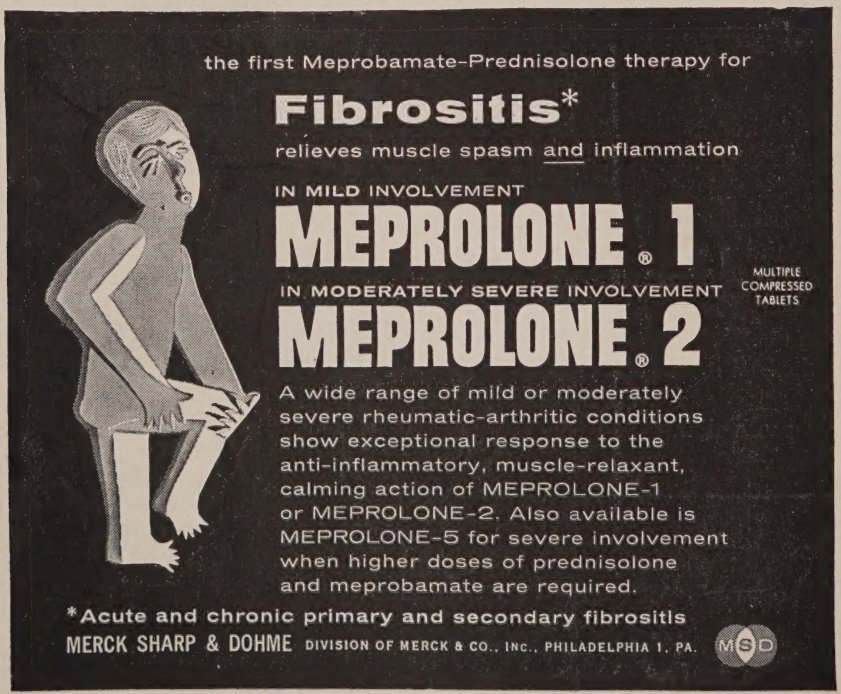
HARRY F. BYRNES, M. D.
1876 - 1958

Dr. Harry Francis Byrnes died on January 2, 1958 at the Mercy Hospital. His age was 81.

Dr. Byrnes, who was born in Worcester, obtained his M. D. degree from what is now the University of Maryland Medical School. He took his post-graduate training in London, Vienna and at the Massachusetts Eye and Ear Infirmary. He had an office in Westfield from 1901 to 1904, and had practiced his specialty of Eye, Ear, Nose and Throat in Springfield since 1904.

He was a member among others of The American College of Surgeons, The American Medical Association and the Hampden District Medical Society. In 1954 he received the 50-year gold pin at the annual meeting of the Massachusetts Medical Society. He was president of the Mercy Hospital for two terms and also of the Springfield Academy of Medicine. He served in World War I retaining his medical commission until 1953, when he retired as lieutenant colonel.

To the surviving members of his family and to his many friends and associates the deepest sympathy is extended.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MSD

AUXILIARY DOINGS

The 1957 season of the Auxiliary ended with the Annual Christmas tea when Mrs. Harry Strachan of 102 Atwater Road opened her home to members for this enjoyable affair. Committee chairmen were on hand taking gift subscriptions for Today's Health magazine and also contributions for the A.M.E.F.

Mrs. Kenneth S. Fletcher, Jr., was in charge of arrangements for the tea and the Auxiliary choral group, under the direction of Mrs. Walter Williams, sang christmas hymns and carols.

The 1958 season opened with plans for four recruitment teas. These teas formerly known as Nurse Recruitment Teas have now become "Health Career Recruitment Teas", which embraces not only the nursing career but also careers in medical technology, medical social work, medical secretary, X-ray technician and occupational and physical therapy. The auxiliary is trying to promote interest in these fields among high school students as a future career.

The first recruitment tea was held at the Holyoke Hospital on January 15th. Mrs. Roger Dudis was chairman of this tea with Mrs. Edward Halton, Mrs. Paul Wakefield, Mrs. John J. Burke and Mrs. Robert O'Malley assisting. Eleven high schools were represented in the turnout. Several students expressed interest in the laboratory and X-ray departments as well as the nursing end. They were shown movies by Dr. Paul Wakefield of the Pathology department. Miss Jeanne Murphy, Superintendent of Nurses showed movies of interest to future nurses, and conducted a tour of the hospital.

The second tea was held at the Providence Hospital in Holyoke on January 22nd. Mrs. Richard Maher was chairman with Mrs. John J. Burke and Mrs. Ralph Levin-Epstein assisting her. Dr. Richard Maher spoke to the students on the nursing career. Sister Mary Norbert, Superintendent of Nurses showed movies

Mrs. Frederick Fortin was in charge of the third tea held at Mercy Hospital on January 24th. Her committee members were Mrs. Max Millman and Mrs. Edward I. Kraus of Chicopee. Mrs. L. E. Pfeifer handled the program which included movies, tour of the hospital for the students interested in nursing and a separate tour of the laboratory and X-ray department for those interested in technician work.

The fourth and last tea will be held at the Springfield Hospital during the month of March. Mrs. Richard Waugh, Jr. is in charge of this tea.

New members of the auxiliary were honored at a tea on Tuesday, January 21st, at the William Pynchon Memorial Building in Springfield.

The program was designed to acquaint the newcomers with the aims and activities of the auxiliary by a round table discussion entitled "Knowing Your Auxiliary." Mrs. W. Fenn Hoyt was chairman and moderator. Those taking part in the panel were: Mrs. Roger Dudis of Holyoke, chairman of the American Medical Education Foundation; Mrs. John Maloney, chairman of health careers; Mrs. Charles D'Avanzo of Longmeadow who represented Mrs. E. U. Dillenback, chairman of legislation; Mrs. Malcolm Allen of Longmeadow, head of mental health; Mrs. Ira I. Chamberlain, chairman of "Today's Health" magazine, and Mrs. Leslie M. Parent of West Springfield, chairman of publicity.

Arrangement for the tea were under the chairmanship of Mrs. Martin F. Gaynor of Indian Orchard with Mrs. James E. Byrnes of Holyoke, co-chair-

man. Mrs. William J. Devlin, president, greeted the group. Pouring were Mrs. Devlin and Mrs. George Ross, past president. The reception committee was headed by Mrs. James Visconti, and the hospitality committee was in charge of Mrs. Edward J. Halton. Mrs. Honore E. Geaudreau membership chairman issued the invitations to new members. Mrs. Leonard S. Jagoda and her committee assisted her.

During the tea hour after the program many new members gained a new awareness and understanding of our Auxiliary from the discussions on the panel, and an eagerness to belong and to contribute to the Auxiliary activities.

Mrs. Leslie Parent
Chairman, Publicity,
Auxiliary to Hampden
District Medical Society

QUOTES OF THE MONTH

"I agree with your views on the Jenkins-Keogh bill and I will be happy to support this measure when it is presented before me."

Congressman E. P. Boland
(In a letter to Dr. G. B. Corcoran, Jr.)

* * * * *

"The Hippocrat of January was in error: President of the Noble Hospital, Westfield, is none other than Dr. Archibald J. Douglas." Holleran

* * * * *

"I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans."

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CHIROPRACTORS TRYING AGAIN

"Chiropractors are again making an all-out effort to legalize their practice in this state.

"They have filed three bills this year: H-1037 and S-456 — establishing a board of chiropractors; and S-55, which would include chiropractors with Christian Scientists, hypnotists, etc. who are exempted from provisions regulating the licensing of physicians and osteopaths.

"Contact *now* your state representatives and state senator urging them to oppose these Bills."

From a letter by
Patrick J. Sullivan, President
Mass. Medical Society

"HIGHLIGHTS OF FEBRUARY MEETING"

will appear in March issue of The Hippocrat.

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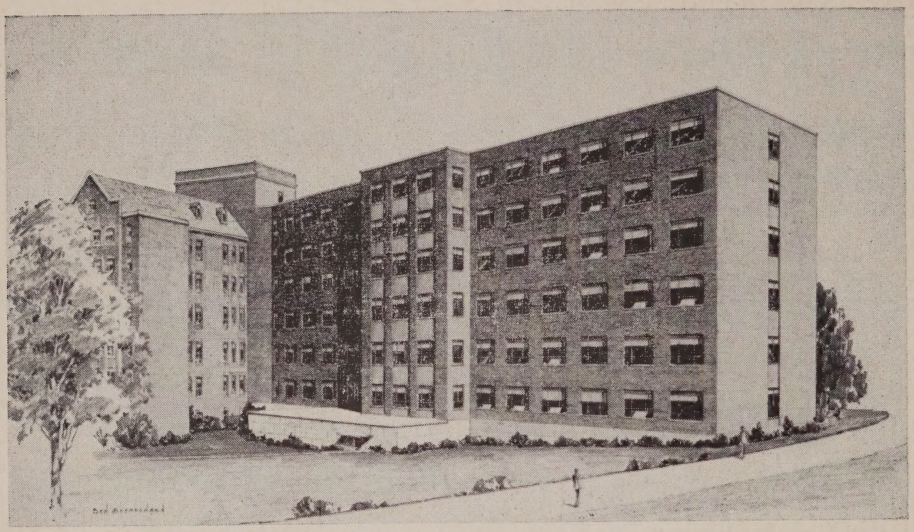
HOSPITAL CONSTRUCTION



III—Springfield Hospital

The Springfield Hospital, now in its 75th year of service to the communities of Greater Springfield, has embarked on a nearly $3 million program of expansion that will bring its bed capacity to 550, more than double the number of beds a decade ago.

Construction will begin this year on a 183 bed wing that will cost $2.5 million. Underway is a major construction program costing approximately $350,000.

Major aspects of the $350,000 construction are provisions for 11 new beds, a new and more effective food service which will be readily expandable, a dining room in which to feed the projected 1200 to 1300 paid and student personnel that are anticipated in the next few years, a new medical and nursing library, parking facilities, a new medical staff room and enlargement of the nursing education facilities.

Construction of the new wing will require about two years to complete. Its cost will be met with funds from three sources: the sum of $795,000 generously contributed during a 1956 campaign in the Greater Springfield area; a $250,000 grant under the provisions of the Hill-Burton Act, and $1.3 million provided by The Springfield Hospital from its own funds.

The basement of the new wing will contain air conditioning and ventilation equipment, transformers for X-ray, trash and linen chutes and storage areas.

The ground floor will consist of an X-ray Department, with waiting rooms for in patients and out patients, eight diagnostic rooms, one deep therapy room, one cobalt room, two cystoscopic rooms, a radio-istope laboratory, darkroom,

offices and dressing rooms.

There have been many other new developments at The Springfield Hospital during the past year—all of them part of the growth and added services that will be required for the larger number of patients to be accommodated in the years ahead:

A freezing unit to keep blood vessels in storage at 120 degrees below zero has been installed, the gift of the hospital's Auxiliary.

An oxygen piping program is well started, partially with the assistance of a substantial gift from the Auxiliary.

A new utensil washing room for the laboratory.

Rebuilding of two elevators in the main lobby, and the modernization of three others.

There has been further development of the new pulmonary physiology unit under a grant from The Hartford Foundation.

The setting up of a gastro-intestinal clinic, the employment of an oxygen therapist and the installation of a Roentgen unit to take chest X-rays of Wesson Maternity Hospital employees and patients as well as those of The Springfield Hospital.

E. Hampton Decker
Administrator, Springfield Hospital

(Editor's Note:
This is the third in a series on hospital construction in this area.)

NEXT MONTH, IV — THE WESSON MEMORIAL HOSPITAL

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Oxygen — Therapy

A NEW LOOK AT THE OLD TICKER

By
Theodore G. Klumpp, M. D.

(Continued from January issue.)

Idleness and Fatness

On the other side of the picture there is a case report of a man who died of a heart attack at the age of 44 after being bed-ridden and unable to move for 18 years. I had a patient who had been in bed with a broken back for 22 years. At the age of 49 he too had severe and advanced arteriosclerosis and died of it.

During the last war the population of Germany was living under constant tension and the terror of air attacks. The demands of the war effort and the bombings removed most of the labor-saving adjuncts of ordinary living, and hard work and constant physical effort was the rule for young and old alike. On top of this, food was scarce so that a large part of the population was actually undernourished. Altogether this would seem to add up to an ideal combination for heart attacks according to popular ideas on the subject. However, under these circumstances the incidence of heart attacks and the degenerative diseases has been reported to have declined sharply. The same fact was also observed in Denmark. As we look around the world today we see a similar situation. In those geographic regions where sustained physical activity throughout the life span is the rule, and food is not abundant, coronary heart disease does not appear to be a problem. In our own country heart attacks occur more commonly among those over-weight. Death rates from heart and kidney diseases are 50% and those from cerebral hemorrhage 60% above normal among overweight men.

All of these factors lead irresistibly to the conclusion that arteriosclerosis is the end result of a metabolic or glandular disturbance, the development of which is encouraged by reduction in physical activity and over-eating with its resultant gain in weight.

The history of contemporary civilization is the story of the displacement of food as the principle source of energy, by coal, petroleum, water power, gas and atomic fission. But we go right on stoking our human furnaces as we did when brawn and muscle power made the wheels of the world go round.

Don't Belittle Exercise

In my opinion, some physicians make a serious mistake in belittling the effect of exercise in their advice to those who seek to avoid obesity. The old story that a peanut supplies enough calories to walk a mile is not the whole story. In my opinion, exercise is important, not so much for the calories it burns directly, but for its effect on the entire endocrine pattern that is so important in avoiding a high blood cholesterol and arteriosclerosis which is coming to be recognized as the main purpose of avoiding obesity. I am convinced that if you will just sit and wait for death to come along, you will not have to wait so long. We don't wear out, we rust out. The cells of living things are being constantly replaced and it has been said, with some poetic license perhaps, that the turnover is such that we have a new body every seven years.

Our ancestors used to perform innumerable physical tasks and chores that we are now relieved of by machines and automatic devices. Mechanization and automation, as we now call it, is not an unmixed blessing. We are

going to have to learn how to live all over again with our machines, our motor cars and our gadgets, and find more pleasurable ways of supplying the physical activity which they have replaced.

It is becoming increasingly evident that the real culprit in this picture is the pushbutton civilization which our scientists and businessmen have created. With the bountiful blessings of labor-saving devices, our ex-college athlete can sit on his rump all day long, doing little that is more strenuous than answering the telephone, walking to the men's room and reading the newspaper. His escape three times a day is found in eating fine groceries and while he grows fatter, his heart, muscles and glands degenerate and stagnate, as he drives home from work with power steering. He takes the half dozen steps from his car to his cocktail shaker more tired than he used to feel after five sets of tennis. In a melancholy mood he tells himself that he is growing old, for which a drink is the only salvation. As the years roll on he has forgotten that his "office fatigue" can be miraculously dispelled with a little exercise if he can find the will-power to try it.

'P. D.' Says

Dr. Paul D. White, regarded by many as the greatest living cardiologist says this: "It is the belief of many of us today that over-eating is the most important faulty way of life in this country today. Malnutrition and infection have given way to over-nutrition and the ills that seem to accompany it, namely, hypertension, diabetes, and increased coronary heart disease. A good program of regular exercise of almost any sort (walking a few miles a day may suffice), reduction of overweight and avoidance of over-nutrition, and a return, in part at least, to the more rugged positive virtues of our ancestors—the cultivation not only of courage, patience, and optimism, but also of good work (even on Saturdays) may do more for our future health and happiness than all the new medicines or new operations in the world." As a worker in a special field, he said: "I believe that all this applies with maximum force to the problem of diseases of the heart and blood vessels."

Many years ago an old and very wise medical teacher concluded his final lecture with these words . . . . "I have tried to teach you all that I have learned in a lifetime of practice and study. But I am reasonably certain that half of what I have taught you is wrong. I am not so much troubled about that as I am about the fact that I don't know which half it is."

It may be that half of what I have tried to tell you is wrong. If it is, then like my old professor I don't know which half it is. But I do know that what I have said makes sense to me and I have a deep conviction that time will prove the soundness of its basic philosophy. End.

Engineers Like Medicine's Way of Life.

"William F. Ryan, president of the American Society of Mechanical Engineers, has proposed a comprehensive survey of the engineering profession, comparable to that of the medical profession conducted by Abraham Flexner some decades ago. The present lack of organization of the engineers makes Dr. Ryan envious of the state of affairs in medicine, 'so logical and efficient that one would suppose it had been designed by engineers.'"

Chicago Tribune

"There, There, Filstrup, It's Not Going To Hurt That Much"

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MEETINGS OF NOTE

Hampden District Medical Society,
Annual Meeting, April 22, 1958

Massachusetts Medical Soceity,
Annual Meeting, May 19-22, 1958

American Medical Association,
San Francisco, June 23-27, 1958

American College of Physicians,
Atlantic City, April 28 - May 2, 1958

American Academy of
General Practice,
Dallas, March 24 - 27, 1958

"Most people say that as you get older you have to give up things. I think you get old because you give up things".

Senator T. F. Green of Rhode Island

"Today, more than 40,000,000 people, approximately 30% of the total U. S. population, are over 45." Sc. N. L.

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